

UNITED STATES BANKRUPTCY COURT
District of New Jersey



REQUEST FOR COPY OF DOCKET

TO: Deputy Clerk

Please provide the undersigned with a copy of the:

- ☐ complete docket for the case listed below
☐ partial docket for the case listed below
from (date) : _____ to (date): _____
document numbers: _____

**** The Clerk is required to collect a fee in the amount of 50¢ per page for copies. Please note that the Court does not accept cash for requests received in the mail. Payment must be made in the form of attorney/corporate check, money order or certified check. Please include a self-addressed, stamped envelope with your request.**

Debtor's Name: _____

Case No.: _____

Your name: _____

Company/Law Firm: _____

Address: _____

Telephone No.: _____

A copy of this form and the
requested docket was
mailed to the above party on

The copy fee for this request is: _____

Deputy Clerk's initials: _____ Date: _____